



Kansas Attorney General Derek Schmidt

Victim Services Suggestion Form

Return form to:

Office of the Attorney General
Victim Services Division
120 SW 10th Ave., 2nd Floor
Topeka, KS 66612-1597

Victim Services Infoline:

785-291-3690

Toll-Free in KS: 1-800-828-9745

www.ksag.org

This form is designed to provide an equal opportunity to share his or her ideas about how an agency can function better. Although the form asks for personal information, anonymous suggestions may also be submitted and will be considered. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

1. AGENCY INFORMATION

NAME OF AGENCY FILING SUGGESTION FOR*: _____

CITY OF AGENCY MAIN OFFICE*: _____

My suggestion will:

☐ Make operations more efficient or effective

☐ Other _____

YES NO

1. As far as you know, is this suggestion already being considered? ☐ YES ☐ NO

2. Does this suggestion relate to a policy that is not being applied properly? ☐ YES ☐ NO

3. Have you submitted this suggestion before, within the past year? ☐ YES ☐ NO

2. DESCRIBE THE PRESENT SITUATION, CONDITION, METHOD, OR PROCEDURE TO BE IMPROVED.

3. WHAT IS YOUR SUGGESTION?

4. HOW WILL YOUR SUGGESTION IMPROVE THE PRESENT SITUATION OR BENEFIT THE AGENCY?

5. YOUR INFORMATION

NOTE: Your personal information and the comments you provide may be withheld from release under the Kansas Open Records Act, authorized by K.S.A. 45-221(a)(14),(20) and (24) and amendments thereto.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

IF WE NEED TO CONTACT YOU:

WHAT IS THE BEST WAY TO CONTACT YOU? ☐ PHONE ☐ MAIL ☐ E-MAIL

WHAT IS THE BEST TIME TO CONTACT YOU? ☐ MORNING ☐ AFTERNOON ☐ EVENING

DAYTIME PHONE (____) _____ EVENING PHONE (____) _____ E-MAIL _____

6. CONSENT TO RELEASE INFORMATION

The information provided is voluntary. It is intended that the information obtained will be used to provide better services to the public. May we share this information with the agency? (initial one)

I have read and understand the information and do not want THE OFFICE OF THE ATTORNEY GENERAL to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to information of my suggestion.

I DO NOT WANT MY SUGGESTION SHARED WITH THE AGENCY _____

I have read and understand the above information and authorize THE OFFICE OF THE ATTORNEY GENERAL to reveal my identity to persons at the organization or institution under investigation and to other agencies that provide financial assistance to the organization or institution or have civil rights compliance oversight responsibilities that cover the organization or institution. I understand that the material and information will be used for determination regarding my suggestion. I further understand that I am not required to authorize this release, and I do so voluntarily.

I GIVE PERMISSION TO SHARE MY SUGGESTION WITH, OR TO CONTACT THE AGENCY ABOUT, MY COMPLAINT. _____

OPTIONAL:

Please answer the following questions. The following voluntary information will help us determine whom we serve. This data will be used for statistical purposes only.

1. Your age (circle one): 18-30 31-40 41-50 51-60 Over 60

2. Are you disabled? Yes () No ()

3. If you are a minority member, designate which: _____